

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33774

State File No. 4308
 Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: #2 W! Mo are
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME FREDRICK FLANNIGAN

3. (b) If veteran, name war unknown 3. (c) Social Security No. none

4. Sex Male 5. Color W 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 yrs hr. min.

9. Birthplace Fit Reavenworth Kan (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Richard Flannigan

13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

14. Maiden name Anna Cummings

15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Richard Flannigan
 (b) Address Leavenworth Kan

17. (a) Removal (b) Date thereof 10-10-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Leavenworth Kan

18. (a) Signature of funeral director W. E. Brown
 (b) Address 1510 W. E. Brown
 19. (a) 10-10-43 (b) W. E. Brown (Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. #2 W! Mo are (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 15 day 10 year 43 hour 8:15 A Minute M.

21. I hereby certify that I attended the deceased from 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration

Due to 430

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspected body

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at None (Specify type of place) (e) Means of injury None

23. Signature W. E. Brown Date 10/10/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4273

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.